

## Step 3

# Determine and Prioritize Gaps in the Continuum of Care Homeless System

## Tasks

- Organize data: Continuum of Care Gaps Analysis
- Establishing a community process for determining relative priorities

**Purpose:** *This session is designed to assist localities with quantifying unmet needs and determining and prioritizing gaps in the Continuum of Care in order to develop strategies to address these unmet needs.*

## Organize Data: Continuum of Care Gaps Analysis

The first step for determining gaps in the Continuum of Care is to quantify unmet needs. This involves a calculation between the estimated amount of need (based on the needs data collected) and the current capacity by Continuum of Care component (based on the inventory) to meet the need. The Core Working Group (or a designee) can use the Gaps Analysis worksheet from the Continuum of Care Homeless Assistance application to organize this information.



▶ Trainer should use Overhead 3-1 to illustrate the analysis for quantifying unmet needs.



▶ Trainer should go over Gaps Analysis worksheet using overhead 3-2 and referencing the sample in the workbook. (W-10)

## Establish a Community Process for Determining Relative Priorities

Determining gaps and their relative priority are fundamental steps in the Continuum of Care planning process. Decisions regarding the relative priority of gaps (i.e., low, medium, and high) are the basis for developing strategies to deploy new resources or re-deploy existing resources to best assist people who are homeless to obtain and maintain permanent housing and self-sufficiency.

3-1

### Quantitative Gaps Analysis

# of Sub-Population in Need
– (minus)
Current Capacity to Serve
Unmet Need or Gap

3-2

Again, based on the size of the community and the complexity of the homeless system, there will need to be a process for involving homeless providers and other stakeholders in the decision-making to determine and prioritize gaps. In general, this step is best accomplished through one or more community meetings.

The process should be logical and fair, and the ground rules for participation and influencing the decision-making should be clear to everyone involved. For example, determine: how and what information will be presented; who will provide input and how they will do it, who can vote, and how.

The outcome of this process should be a list of housing, service, and system gaps. This list of gaps will then need to be prioritized with the involvement of the broader community of homeless providers and stakeholders.



▶ *Trainer should use Overheads 3-3 and 3-4 for some sample questions a Working Group may want to ask to determine gaps.*

### Qualitative criteria

In order to help prioritize among this list of gaps, the Core Working Group can propose and build consensus on a set of qualitative criteria. This overlay of qualitative criteria will help homeless providers and key stakeholders agree on how to place a relative priority on

gaps throughout the system (i.e., whether a gap gets a low, medium, or high priority). This process should be described clearly in the Continuum of Care plan and in the application for HUD Continuum of Care Homeless Assistance funding.

It is important to note that low priority does not mean that there is not an unmet need. Rather, it means that relative to other unmet needs or gaps, it is less of a priority. These qualitative criteria should focus on the ultimate goal of assisting people who are homeless to obtain and maintain permanent housing.

### Possible qualitative criteria to use when prioritizing unmet needs

- Look at relative need among sub-populations
- Consider the vulnerability of the population (age, diagnosis)
- Identify groups not yet served versus those with some housing resources in place
- Determine whether the need is growing, and if so, how rapidly
- Look at users of high-end services (e.g., hospitalization, detoxification)
- Generate other criteria

3-3

#### Housing Gaps Analysis

- In the context of the major housing types (transitional, permanent supportive housing, and permanent housing), discuss gaps
- Limit the discussion to housing needs of homeless people
- Are there major gaps in one or more types of housing? (SRO's multi-unit rental, large bedroom sizes, transitional programs for subgroups)
- Are there length of stay or waiting list issues?
- What is preventing people from maintaining permanent housing?
- Are linkages in place for persons in transitional housing to access permanent or permanent supportive housing?

3-4

#### Service and Systems Gap Analysis

- The objective is to provide tools needed to become self-sufficient, to move to, and maintain permanent housing
- Identify gaps by population group where appropriate
- Are there sufficient services to serve persons already in emergency shelter, transitional housing programs, or permanent housing?
- What services are missing to help people move to permanent housing or permanent supportive housing?
- What services are essential to certain subgroups, and are they missing?
- Are there major gaps in the homeless system or missing linkages among components of the system? (i.e. outreach, intake, referral, assessment)



► *Trainer should elicit possible qualitative criteria that would influence how to prioritize unmet needs or gaps using Overhead 3-5 to begin this discussion.*

► *Trainer can use an example to illustrate how a qualitative criteria would affect the priority of a gap. Trainer should also reference the worksheet *Prioritizing Unmet Needs (W-11)* included in the workbook that can assist participants with this process back in their communities.*

**For example:**

A community that is committed in its guiding principles to emphasizing permanent solutions to homelessness may not place a high priority on the need for emergency shelter, even if the unmet need or gap is large. Instead, they might prioritize permanent supportive housing and engagement services to move people off the street and into permanent housing.

The goal is to identify and *build consensus* on the relative priority among gaps. There are different methods for accomplishing this.

**For example:**

Some communities may utilize a one-person one-vote system after a full discussion at a community meeting. After identifying a list of gaps to address critical unmet needs, each person or provider gets to choose their three priority gaps. The gaps that get the most votes get highest priority.

Alternatively, communities may not want a one-person one-vote (or one-provider one-vote) approach. Instead, a representative committee could be established (appointed or nominated) to analyze the data, identify gaps, and prioritize among gaps. The results of this decision-making could then be processed in a larger community forum for final input or comment.

Regardless of the method, the process must be considered legitimate to those participating both directly and indirectly. The Core Working Group should finish this step in the planning process with consensus among the broader community of homeless providers and stakeholders on the relative priority among the gaps identified. (*See W-10: HUD Gaps Analysis, W-11: Prioritizing Unmet Needs, W-11 (a): Sample Worksheet, W-11 (b): Emergency Shelter, W-11 (c): Transportation, W-11 (d): Permanent Housing, W-11 (e): Permanent Supportive Housing, W-11 (f): Supportive Services Only.*)

3-5

**Possible Qualitative Criteria to Use When Prioritizing Unmet Needs**

- Look at relative need among sub-populations
- Consider the vulnerability of the population (age, diagnosis)
- Identify groups not yet served vs. those with some housing resources in place
- Determine whether the need is growing, and if so, how rapidly
- Look at users of high-end services (e.g. hospitalization, detoxification)
- Generate other criteria

## Outcomes

- Quantitative analysis of unmet needs
- Determination and relative prioritization of gaps in the Continuum of Care based on critical unmet needs

► *Trainer can ask the audience what method they use now. What are the pros and cons of the current process? What method may work better? Trainer should emphasize that it is important that a community finish this step with a solid consensus on the list of priority gaps.*

## Case Study

### Houston/Harris County – Planning Process

**H**ouston/Harris County's planning process was initiated in 1992, before HUD developed its Continuum of Care approach to planning. Yet Houston/Harris County, under the guidance and coordinating efforts of the Coalition for the Homeless and the Homeless Services Coordinating Council, had put into place precisely the model that HUD encourages. The Council, formed by the Coalition to unify the activities of all stakeholders in the county, plays the key role in coordinating the county's HUD application processes, identifies program development needs among service providers, fosters information sharing, identifies service delivery and funding priorities, and develops its own Continuum of Care model. Focusing on assisting clients to "exit" homelessness, Houston/Harris County developed a structured Continuum of Care process that enables individuals and families to be brought into the system and move through emergency shelter or transitional housing into permanent independent or supportive housing.

#### Implementation

HUD's Continuum of Care initiative noticeably improved several aspects of the process, most notably coordination among service providers. This improvement has made it easier to implement programs at all stages of the continuum. HUD's approach also made it easier for smaller organizations to get funding for innovative approaches to assisting hard-to-reach homeless populations. In addition, the ability of smaller organizations to integrate their services within the broader system has grown. Meanwhile, larger service providers are less isolated from each other, thereby becoming more aware of the range of services to which they can refer their clients.

#### Current Operation of Continuum of Care

The current HUD funded Continuum of Care approach in Houston/Harris County combines the following critical components: computerized homeless network, quality assurance, prevention, outreach/intake/assessment, emergency shelter, transitional housing, supportive services, permanent independent housing, and permanent supportive housing.

Source: U.S. Department of Housing and Urban Development, *The Continuum of Care: A Report on the New Federal Policy to Address Homelessness*, December 1996 (prepared by Barnard-Columbia Center for Urban Policy, Columbia University)